FEE TRANSMITTAL for FY 2004  Effective 01/01/2004. Patent fees are subject to annual revision.							Complete if Known							
							pplicatio		nber		09/538,954			
						Filing Date					ch 31, 200 <b>b</b>	<u>150</u>	CIVE	
							First Named Inventor				M. Ellison			
	pplicar	nt claim	s sma	II entity status.	See 37 CF	R 1.27.	E	xaminer	Name	•		. Norris	<u>JUL</u>	0 8 2004
Applicant claims small entity status. See 37 CFR 1.27.  TOTAL AMOUNT OF PAYMENT (\$)					Art Unit Attorney Docket No.				2137					
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Chan	ge any ad	ditional fe	e(s) or u	nderpayment of fee	es as required u	nder 37		1 0401	4005	1,840 '		on of SIR after		<u> </u>
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1003	530	2003	265	Plant filing fee		<del>  </del>	1403	290	2403	145	Request for oral hear	ing		
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1202	18	2202	9	Claims in excess of	of 20		,003	•	''''		(37 CFR § 1.129(a))	•		
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Based on PTO/SB/17 (10-03) as modified by Blakely, Schokoff, Taylor & Zafman (wir) 02/10/2004. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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RAS			Application No.	09/5	38,954			
RADE	SMITTAL FO	JKIVI	Filing Date	Mar	ch 31, 2000 FCFIVED			
(to be used for all	correspondence afte	er initial filing)	First Named Inventor	Carl	M. Ellison CCIVID			
			Art Unit	2137	7 JUL 0 8 2404			
			Examiner Name	T.M	Norris Technology Center 2100			
Total Number of F	Pages in This Submissi	on 6	Attorney Docket Number	4239	POP8107 Technology Center 2100			
	ENCLO	SURES (chec	k all that apply)					
Fee Transmittal	Form	Drawing(s)	)		After Allowance Communication to Group			
Fee Attac	hed	Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences			
Amendment / Ro	esponse	Petition			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After Fina Affidavits.	ıl /declaration(s)	Petition to Provisional	Convert a Application		Proprietary Information			
Extension of Tin	ne Request	Power of Attorney, Revocation Change of Correspondence Address			Status Letter			
Express Abando	onment Request	Terminal Disclaimer			Other Enclosure(s) (please identify below):			
Information Disc	closure Statement	Request for Refund			Cited References			
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Firm William W. Schaal, Reg. No. 39,018								
or Individual name								
Signature								
Date	June 29, 2004							
	CERTIF	ICATE OF MAII	LING/TRANSMISSION					
I hereby certify that the sufficient postage as 122313-1450.	is correspondence is b first class mail in an en	eing deposited wit velope addressed	th the United States Postal to: Commissioner for Pate	Servicents, P.	e on the date shown below with O. Box 1450, Alexandria, VA			
Typed or printed name   Susan McFarlane								
Signature	500	1. M.Fm	rla.	Date	June 29, 2004			